

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000003106

1. Entity Name
FIRE OFFICER TRAINING INSTITUTE, INC.



Principal Place of Business
P.O. BOX 243
DUNEDIN, FL 34697

Mailing Address
P.O. BOX 243
DUNEDIN, FL 34697



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2131304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REIN, HOWARD F
10417 MT DORA ST.
NEW PORT RICHEY, FL 34655

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COMPETELLI, PATRICK
STREET ADDRESS	8812 GRAND BAYOU CT.
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	VP
NAME	REIN, HOWARD
STREET ADDRESS	10417 MT. DORA ST.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	S
NAME	COMPETELLI, KIMBERLY
STREET ADDRESS	8812 GRAND BAYOU CT.
CITY-ST-ZIP	TAMPA, FL 34655
TITLE	T
NAME	REIN, JOANNE
STREET ADDRESS	10417 MT. DORA ST.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80018-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HOWARD REIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 4/10/07